

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: <http://drl.wi.gov>

EXAMINING BOARD OF PROFESSIONAL GEOLOGISTS, HYDROLOGISTS AND SOIL SCIENTISTS

PROFESSIONAL SOIL SCIENTISTS SECTION

SUPERVISED EXPERIENCE EVALUATION FORM

Applicant's Name	Date
Type of Credential Applying For:	

All applicants applying for registration under Chapter 470, Wisconsin Statutes must complete this form. Failure to provide the requested information will result in denial of licensure.

The applicant is required to complete the Description of Supervised Experience on page 3 and submit this form to his or her supervisor or evaluator to verify the experience received.

SUPERVISOR EVALUATOR IS REQUIRED TO COMPLETE THIS SECTION

The applicant named above has filed an application for licensure with the State of Wisconsin. This registration depends, among other considerations, on the verification of the extent, diversity, and quality of his/her practical training and experience under a licensed professional or persons the Section determines is qualified to have responsible charge of work as described on Page 3 by the applicant. Please assist us by supplying the information requested based upon your own personal, first-hand knowledge of the applicant. (Attach additional pages if needed.)

Name of Supervisor Evaluator _____ Title _____
Profession and specialty (if any) _____ Years of Experience _____
Name of Firm _____
Street Address _____
City/State/Zip Code _____
Nature of Current Business _____

A supervisor evaluator must meet the requirements as a professional as stated under sec. 470, Stats. Please list your professional certification, credential (license) or registration.

Type	Issuing State or Organization	Number	Year Issued

Wisconsin Department of Regulation & Licensing

SUPERVISOR EVALUATOR IS REQUIRED TO COMPLETE THIS SECTION TO VERIFY THE SOIL SCIENCE EXPERIENCE RECEIVED OR A PEER REVIEWED PROJECT

FOR SUPERVISOR EVALUATOR OF APPLICANT APPLYING BY SUPERVISED EXPERIENCE:

The portion of employment or experience we wish you to verify is described by the applicant on page 3 of this form. Please state your opinion regarding the accuracy of the description, including duration, extent and complexity of work, and indicate your evaluation of the applicant's performance.

Are there any items of the described experience which you cannot verify? If so, please explain. _____

Additional comments (if any) _____

Supervisor Evaluator's signature _____ Date _____

UPON COMPLETION, THIS FORM IS TO BE RETURNED TO THE DEPARTMENT OF REGULATION AND LICENSING BY THE SUPERVISOR EVALUATOR. (Page 3 of this form must be attached.)

Wisconsin Department of Regulation & Licensing

THIS SECTION TO BE COMPLETED BY THE APPLICANT

DESCRIPTION OF SUPERVISED EXPERIENCE

Name of Applicant _____

Name and Business Address of Applicant's Employer at Time of Experience

Name of Supervisor Evaluator _____

Dates of Employment: _____ to _____
month/year month/year

Total Experience _____ to _____ Percent of Time _____
month/year month/year (100% if full time)

Applicant should make explicit statements listing and defining work performed, listing and defining projects for which he/she had full or partial responsibility, including statement of extent and complexity of work performed. If more space is needed, attach additional sheet.